

Condition Report for Motor Equipment

Louisiana Property Assistance Agency
P O Box 94095 • 1059 Brickyard Lane
Baton Rouge, LA 70804-9095
Phone (225) 342-6853 Fax (225) 342-6891

Agency# _____ Agency Name: _____

Vehicle Information:

Make: _____ Year: _____
Model: _____ License: _____
Mileage: _____ Color: _____
VIN Number: _____

Body Type: ☐ two door ☐ four door

Transmission: ☐ automatic ☐ standard

Vehicle Condition:

Please check one of the following (Good, Fair, Poor)

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>		<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires:			
Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Brakes?	_____		
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Steering?	_____		

Contact Information:

Date: _____

Contact: _____

Telephone: _____ Fax: _____

Email: _____